

Public education is a prime function of the Voluntary Health Agencies and is particularly important in the field of cancer. The annual crusade of the American Cancer Society in April does more to inform the public of the necessity of early diagnosis and early effective treatment than the year around educational activities of the Society. Thousands of dedicated volunteer workers disseminate important information about cancer while soliciting contributions. The solicitation of funds and the education of the public are inextricably linked.

The individual Voluntary Health Agency must be judged on the basis of its announced objectives, the effectiveness and fidelity it displays in pursuing those objectives and the soundness of its budget. A reasonable overhead and economy of operation are important items.

In some communities great pressure has been exerted upon local branches of the Health Agencies to force them into United Funds. Coercive tactics, misrepresentation and subterfuge have been used. In certain instances medical societies have been induced to set up local research foundations which they are ill equipped, from the standpoint of special skills, experience and facilities, to administer wisely.

This mechanism has been used to enable United Funds to receive donations in the names of diseases the Voluntary Health Agencies were founded to combat. The freedom of the agencies to conduct their own campaigns has been curtailed.

Where long-time arrangements have existed between United Funds and Health Agencies involving participation of the Agencies in campaigns of the United Funds, the experience usually has been unsatisfactory. Smaller sums have been raised for specific purposes than could have been achieved by the agencies alone. It must be recognized that local service demands tend to take precedence over broader programs. The end result has been less well financed research and injury to the public education endeavor.

At the recent hearings of the Shipman Committee in Chicago, it was convincingly demonstrated that the United Community Funds and Councils of America (the national organization of United Funds) is determined to eliminate the fund-raising activities of the Voluntary Health Agencies. It was further developed that donations designated for specific purposes will be accepted by United Funds temporarily, but ultimately the donor probably will be deprived of the right to have his gift allocated according to his desires.

We commend the Voluntary Health Agencies for their refusal to accept money from the United Funds and for directing their state and local units to do likewise. Should the efforts of the United Funds and Councils succeed, the destruction of the Voluntary

Health Agencies will be inevitable. These agencies have a record of accomplishment and are rendering constructive service to the American people. Their loss would be a catastrophe.

We, as members of the medical profession, recognize the value of the Voluntary Health Agencies. We also dislike and resent coercion—whether it be by government or by others who arrogate decision as to the course we should follow.

To remain effective, the Voluntary Health Agencies must maintain their independence and retain their identities. It is vital that they not be dominated by other influences or be submerged in larger organizations.

The medical profession probably represents the most potent body of informed public opinion in this controversy. We are convinced that the Voluntary Health Agencies are performing a valuable service. We must not permit ourselves to be coerced or cajoled into programs designed to destroy them. The loss of these bodies would be an open invitation to government to step into the void thus created. Governmental agencies have a place in the financing of research, but to surrender the field to them completely would be to court disaster.

1958 Annual Session

CALIFORNIA MEDICAL ASSOCIATION's 1958 Annual Session will again be held at the Ambassador Hotel from the 27th to the 30th of this month.

Lest you think the location of the meeting has got stuck in a rut, please remember that this year the meeting was to have been held in San Francisco; the change to Los Angeles was made when the American Medical Association scheduled its 1958 meeting for San Francisco, an event calculated to drain interest away from a C.M.A. session in the same city just a month earlier.

One pronounced change in the scientific program this year will be three postgraduate courses for which official credit will be given by general practice organizations. Each of the three Los Angeles medical schools will supply the program and faculty for a postgraduate course. To help pay the cost of these courses and to qualify them for credits by organizations who give credits to members for postgraduate work, a fee of \$25.00 is to be charged for each.

On Sunday afternoon and Monday and Tuesday mornings, the University of Southern California medical school will stage a course on liver diseases, one session to be held at the Los Angeles County General Hospital.

University of California at Los Angeles will put on a course on the management of trauma on Monday, Tuesday and Wednesday mornings.

On the same mornings the College of Medical Evangelists will devote nine hours to a course on abdominal pain.

The usual business and scientific meetings will again be held. The technical and scientific exhibits always so popular at medical meetings will occupy an important place on the program and will again be housed in the handsome exhibit rooms rebuilt with great care by the hotel just two years ago.

Guest speakers will appear before the general meetings, section meetings and postgraduate courses,

each participating from his own specialty angle.

For the benefit of Los Angeles physicians who enjoy Wednesday afternoons away from their offices, the exhibits will remain open through the greater part of that afternoon. For those too busy to come to the meeting earlier, this presents a chance to see at least a part of the show.

A complete program for this session appeared in *CALIFORNIA MEDICINE* last month. If you haven't yet examined it, there is still time to pick out your own areas of interest and arrange to take part.

Letters to the Editor . . .

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To the Editor:

MANY PHYSICIANS are growing mindful of a dilemma in philanthropic giving that is particularly important to members of the medical profession. Federated funds have been organized in many communities throughout California to collect and apportion public contributions for the many health and welfare services that are an integral part of our community life. And federated fund-raising has proved, in many instances, an efficient and equitable means of providing support for these local agencies. On the other hand, certain large national research-oriented health agencies have found that independent fund raising, combined with a public education campaign, is necessary to meet national needs of medical investigation and ancillary service in their respective fields.

As a giver, the physician may find that giving once to the full extent of his ability to some united type of fund is a convenient way of meeting his philanthropic obligations. But, as a physician, he is well aware of the creative work done by certain health agencies in research and community service, and should feel a special professional responsibility for the welfare and continuing growth of these agencies.

The dilemma has been sharpened by the effort of many local federated fund organizations to include national health agencies in their "one big give" appeal. Medical societies have been pressed for an endorsement of United Funds not only as an instrument for supporting local community services, but also supporting national health agencies, despite the fact that the policy of independent fund-raising has been firmly established by national assemblies of delegates of the American Heart Association, the American Cancer Society, and similar groups.

Fortunately for the welfare, continuing growth, and pressing need of medical research, most medical societies have resisted these attempts on the part of federated fund leadership to take financial control of the health agencies. Physicians have felt that it was important for the public to have an opportunity to give directly, without intervening authority or arbitrary allocation, to the conquest of those diseases which have affected their lives or the lives of their families. Physicians have also felt that freedom of giving is as important a public right as freedom in choice of physician.

Since federated fund leadership has been unable in most cases to pull the health agencies into fund participation through pressure on county medical societies and other community groups, some local federated funds have abandoned their historical role as fund-raising organizations, devoted to the needs of their constituent community service agencies, and are now using contributed funds to set up health programs of their own in the form of "health foundations," not affiliated with any voluntary national health agency. Once these "health foundations" are established by federated fund groups, the fund makes an appeal to the public that its "one big give" includes research and service programs on heart disease, cancer, poliomyelitis and other medical problems through its ancillary "health foundation."

In light of the resources of leadership, knowledge and experience which the Heart Association has focused since 1948 on the development of a coherent, coordinated, imaginative and professionally responsible research administrative program, which has expended a total of \$29 million for medical research, it seems strange that the United Funds have felt the need to set up organizations devoted to the same purposes, simply because the health agencies